



Highlights:

- * *METC milestones continue*
- * *First dental assistants graduate METC*
- * *BRAC to amplify peak moving season*
- * *WHMC neurology services move to BAMC*
- * *Brooks City-Base historical feature!*
- * *BRAC "Views From the Top" (Mike Feeley)*
- * *BRAC in the News*

Inside this issue:

METC dental graduation	3
BRAC to amplify moving season	4
Neurology services move	5
Brooks City-Base history	6
Workforce Solutions Alamo	8
BRAC "Views from the top"	9
BRAC upcoming events	11
BRAC in the news	11

METC: Doing great things, shaping future

by Larry Coffey, Navy Medicine Support Command Public Affairs - Milestones continue to be reached and student numbers are on the rise since the doors opened at two of five instructional facilities at the expansive multi-service Medical Education Training Campus at Fort Sam Houston on June 30, 2010.

With the April 21 relocation of the Naval Hospital Corps School from Great Lakes, Ill., METC should be fully operational ahead of the Sept. 15, 2011, deadline established by the 2005 Base Closure and Realignment Commission initiative.

"Our folks are doing great things," said Rear Adm. Bob Kiser, METC commandant. "With full awareness of the storied heritage of our individual services, and building upon the collective legacy of excellence that has always been our communal touchstone, we at METC are creating a future that all of us can be proud of: training the world's finest hospital corpsmen, medics, and techs and supporting our nation's ability to engage globally."

"I am absolutely filled with pride and honored beyond words to be counted as part of this inaugural crew," Kiser added.

Highlights since the opening include the METC's first class in the new facilities, the service-specific Navy Radiology class that began July 7,

2010, and the opening of the METC dining facility Oct. 1. At 80,000 square feet and having the capability to serve 14,400 meals a day – at a rate of 4,800 every 90 minutes – the dining facility is the largest in Department of Defense.

Since June 30, the remaining three of five instructional buildings have opened and are either in use or preparing for classes.

The joint Navy, Army and Air Force milestones and the impact to military medicine were emphasized by senior military medical leaders at the Annual Military Health System (continued next page)



Hospital Corpsman Second Class Misty Carlisle instructs Airman Basic Alejandro Esparza on how to set up the back table and sterile field in an operating room at METC.



HMC Gentry Lloyd (right) goes over how to set up the dental examination chair in a dental technician laboratory at the Medical Education and Training Campus. Currently, there are more than 1,200 students attending 54 classes at METC. (Photos by Steve Elliott)

METC: Doing great things, shaping future

(continued from pg. 1)

Conference in National Harbor, Md., Jan. 24 through 27.

Vice Adm. Adam M. Robinson Jr., the U.S. Navy Surgeon General, discussed the importance of METC and the need for proper education and training.

"It's about the ability to train and educate a fully ready force in order to deliver health care anytime, anywhere," Robinson said. "We need to standardize our training and education across the Navy Medicine Enterprise, across the services, and across the MHS.

"This will eliminate gaps and overlaps, increase efficiencies through resource sharing, and integrate learning strategies," the admiral added. "METC will help us achieve this."

Army Pvt. Camille Faulkner, a METC Dental Specialist Course student, is one of 1,350 joint and allied students participating in one of 19 programs. She said she is benefiting from METC's top-notch facilities and exceptional interservice education and training.

"I enjoy training with the other services," said Faulkner, a Copley, Ohio, native with six months in the Army. "We get a chance to ask questions about the other branches and get real answers. I think our training is getting us ready to be well prepared."

Rear Adm. Eleanor Valentin, commander of Navy Medicine Support Command, said training with other services is an important aspect of the METC mission.

"The mission of METC is to produce the world's best military healthcare personnel to support the nation and the vision is to be the nation's leader in military medical education and training," said Valentin, who has oversight of Navy Medicine's education and training programs.

"This mission and vision guided us to ensure METC provides curriculum and education that preserve each service's identity while creating an environment where our enlisted professionals can learn from their counterparts in their sister services."

Air Force Tech Sgt. Brianna Hunt is a surgical course instructor who moved from Sheppard Air Force Base in Wichita Falls, Texas, as part of the METC consolidation. She said she appreciates METC's realistic training and equipment and compared and contrasted the METC and Sheppard facilities.

"The facility at Sheppard consisted of two large operating rooms," said the Winters, Calif., native. "We currently have nine operating rooms that are smaller, which is more realistic.

"We believe that the operating rooms that are more to scale force the students to be more aware of their proximity to the sterile fields, therefore decreasing the risk of contamination," Hunt added.

Hunt and her tri-service METC instructor counterparts use interactive smart podiums that are connected to electronic curriculum and training tools. Robust Internet and intranet services include e-mail and blended learning via a web-based learning management system called BlackBoard that uses real-time testing that allows for immediate test results and grades.

Medical enlisted training programs from five Army, Navy and Air Force medical training centers have already moved – or are in the process of moving – to San Antonio for consolidation.

METC's footprint covers more than 2 million square feet on Fort Sam Houston. Two new Navy dormitories and one Air Force dormitory will house 1,200 personnel each.

Two other dormitories are currently being built nearby for Army students, with one housing 1,200 Soldiers and the other taking care of 600 Army students.

The METC campus will train more than 24,500 students annually in 58 instructional programs with an average daily student load of approximately 8,000 when fully operational. By service, student breakdown includes approximately 45 percent Army, 31 percent Navy and 24 percent Air Force.

International students are now attending METC as part of an international program that is scheduled to grow.

There is also a distance learning program in the works and plans for educational research projects.

"This place is brand new with a college campus feel to it," said Navy Petty Officer 1st Class Christal Pierce, a Surgical Technology Course instructor and Chicago native.

"I have always felt Navy Medicine has been at the forefront of education and training," Pierce said. "Having deployed in the past, I believe it is very important to train like you work, so the METC collaboration will only enhance our readiness to assist when necessary."



Hospital Corpsman Second Class Misty Carlisle instructs Airman Basic Alejandro Esparza on proper scrub technique as part of his surgical technician class at the Medical Education and Training Campus.

First Air Force dental assistants graduate from METC

by Esther Garcia, AMEDDC&S Public Affairs -
The Medical Education and Training Campus celebrated the first U.S. Air Force Dental Assistants class graduation with a ceremony on Dec. 15.

To celebrate this historic event, the 882nd Training Group, commanded by Col. Lista Benson, and her staff, invited Maj. Gen. Gerard Caron, Air Force Assistant Surgeon General for Dental Services, to visit the METC campus as the keynote speaker at the graduation ceremony.

Caron began his day with a mission brief from Benson prior to the graduation ceremony. The briefing provided an update on new and ongoing projects at METC.

Caron then toured the various dental training facilities located in Medical Instructional Facility 2, one of five MIFs in METC. The next stop was a visit to the Air Force dormitory, followed by a tour and lunch at the new dining facility.

Joining Caron and Benson on the tour were distinguished guests Natalie Kaweckj, president, American Dental Assistant's Association; Cynthia Durley, executive director, Dental Assisting National Board; Dr. Angela Canada, 882 TRG Director of Training and Education; Chief Master Sgt. Thomas Davis, Air Force Dental Career Field Manager; and retired Air Force Chief

Master Sgt. Terry Harford.

"This is a history making class, the first class of dental assistants to graduate from METC," said Caron to the 19 graduates preparing to graduate and the METC leaders in attendance.

"The facilities are spectacular. I have spent enough time looking at architect drawings, but to see students in them, students in class, students in dorms and coming and going from the DFAC ... it is a day to make you extremely proud," continued Caron.

"This did not happen overnight and there is a group of people in this room who can especially relate to what a process this was to get here," the general said.

Caron said when the 2005 Base Realignment and Closure Act became law, the services came together to figure out how to accomplish the merger of all of the training institutions. This was not easy, because each of the services felt they had the best program. "And the truth of it is, each of the services was right; each service had the best program," Caron said. "They had the best program that had evolved to support their own service's unique mission consistent with their own doctrine and honoring their own proud heritage."

"This task required the group to look beyond heritage, beyond doctrine and beyond

mission to the core task, and that is caring for our patients," Caron said. "And if our patients are to be cared for in the way in which their service and their sacrifice demanded to be honored, then those had to be put aside, and the students had to come first, and the training had to be put in place, so that you (the students) have the training and skills to take care of those patients."

The general credited the Flag Officers Steering Committee, the Transition Integration Office, the people from the various schoolhouses who all came together to produce a campus where modern evidence based course material was being taught in state-of-the-art facilities using the most up-to-date technology both in terms of patient care and teaching.

"With those building blocks firmly in place, they have put back into it with people who will give you the focus on the service mission, the doctrine and the proud heritage," he said.

"You have a skill you can always continue to use. Even if you don't choose to continue in the dental career, the things that you learned in terms of the values and the standards and how to apply yourselves will enrich you for the rest of your lives, so hold on to your core values and you will not fail," Caron said.



Col. Lista Benson, commander, 882d Training Group, presents Maj. Gen. Gerard Caron a thank-you gift for his participation as keynote speaker in the ceremony. (photo by Esther Garcia)

Maj. Gen. Gerard Caron, Air Force Assistant Surgeon General for Dental Services (far left) and Chief Master Sgt. Thomas Davis, Air Force Dental Career Field Manager (far right) pose with the 19 students of Dental Assistant Graduation Class 101006 of nineteen students Dec. 15. (photo by Esther Garcia)



BRAC to amplify peak moving season

by Rob McIlvaine, Army News Service - This year's peak moving season is expected to be even busier than usual due to Base Realignment and Closure and officials warn that prior planning is important to avoid stress.

With the final 243 days approaching for all BRAC moves, the peak Permanent Change of Station season between Memorial Day and Labor Day is expected to be hectic -- for both movers and their carriers.

To improve the process for those moving, and streamline the process for those who support it, the Military Surface Deployment & Distribution Command hosted a "Synch Drill" Jan. 12, at Army Materiel Command for all the key players in personal property shipping.

"Base Realignment and Closure has mandated moves for the Army to be completed by the end of this fiscal year," SDDC Personal Property Branch Chief John Johnson said.

"Because of the BRAC move of about 17,000 and the PCS moves of about 228,000 members, today's synch drill was all about getting the key players - the installation transportation offices and the personal property shipping offices - in one room so they can understand the unique challenges we have this year," Johnson said.

SDDC is a unique Army command with the global mission to provide expeditionary and sustained end-to-end deployment and distribution to meet the nation's objectives. Those services reach beyond seaports, to the hazardous roads into Afghanistan, the railroads of Iraq, the airport in Port-au-Prince, and anywhere American combat boots touch the ground. But that's only half the story.

The command's impact on national defense extends to the household goods and vehicle shipments of all DoD service-members, civilians and their families, as well as providing defense transportation engineering services.

To improve the moving experience and streamline the process for those who support it, the Department of Defense developed a program called the Defense Personal Property Program, or DP3. SDDC manages DP3 with a focus on meeting the needs of armed forces members, DoD civilian employees and their families by promoting a higher quality of service.

In addition, members also have 24-hour access to personal property shipment information throughout the entire moving process at www.move.mil.

"Move.mil is a one-stop shop. It's a content-rich website to help members through the entire move process. It's got instruction videos and hyperlinks for information, and it has been updated since it was introduced in 2008," SDDC director of Personal Property, Air Force Lt. Col. Derek Oliver said.

Also on Move.mil is information for members after the shipment has arrived. They can click on "After Delivery" and complete the Customer Satisfaction Survey. This is used to rate transportation service providers to ensure that only quality moving companies are used to handle personal belongings, Oliver said.

"We have a best value system under the DP3. Carriers receive a score based on your feedback. This survey accounts for half of his best value score. Those carriers with the highest scores receive the most shipments," Oliver said.

But before any of this happens, those planning a move

should visit www.move.mil, register, and get familiar with the videos and hyperlinks to information. Once PCS orders are received, Oliver said they should immediately begin following the step-by-step instructions.

"Your orders are a key cog in the wheel of success," he said. "Typically, if you don't have orders in time, you're going to wind up being a short-notice move. But as soon as you get them, begin the move process."

Once the member selects a carrier, a pre-move survey will be conducted.

"They'll come out and walk through your house, looking at what you have and then the two of you will develop a timeline for when you'll get picked up and when you're going to move. Planning, preparation, and having a good feel of inventory all leads to a smooth move," Oliver said.

"The biggest thing that folks can do is realize that the earlier you get in and get your dates booked, the better off you're going to be," Johnson said.

"We are at war, and outside of conflict, one of the most stressful things you can do is move," Oliver said. "We have to get this right and we stand ready to succeed."



Staff Sgt. Vaniece Shorter, neurodiagnostics technician, 59th Medical Operations Squadron, applies electrodes to Senior Airman Christopher Morris's head before performing an electroencephalogram on Dec. 9, 2010 at Wilford Hall Medical Center, Lackland Air Force Base, Texas. (photo by Staff Sgt. Josie Walck)

WHMC neurology services move to BAMC

by Sue Campbell, 59th Medical Wing Public Affairs - In response to changes being implemented through Base Realignment and Closure guidelines, the Air Force Neurology Residency Program and the majority of the Wilford Hall Medical Center Neurology Clinic at Lackland Air Force Base, Texas, will relocate to Brooke Army Medical Center at Ft. Sam Houston, Texas.

"We will be merging with the Army Neurology Clinic to create the combined San Antonio Military Medical Center Neurology Department, which will be located in the newly renovated clinic on the 1st floor of BAMC," said Col. (Dr.) Roy Dileo, commander, 59th Medical Operations Squadron.

The move is scheduled to begin on Feb. 28, 2011. The

outpatient neurology clinic at WHMC will maintain minimal staffing to support the mission during the move. The SAMMC Neurology Department will open for full operation on March 7, 2011. The clinic's phone and FAX numbers will be 210-916-2203/1561 and 210-916-3833, respectively.

"Inpatient neurology consultative services will continue to be provided until closure of all inpatient services at WHMC, anticipated in late 2011," said Colonel Dileo. "Additionally, a small AF neurology outpatient clinic will remain at WHMC indefinitely."

The small WHMC neurology clinic will remain on the "B" wing of the hospital's 6th floor, offering electromyography and electroencephalogram tests and Botox proce-

dures. The clinic's phone and FAX numbers will remain the same, 210-292-7671 and 210-292-6953, respectively. Hours of operation will remain Monday through Friday from 7:30 a.m. to 4:30 p.m., excluding federal holidays.

All patients currently followed by AF neurology physicians at WHMC will continue to be followed and have neurologic services available to them at WHMC or the new SAMMC neurology clinic starting on March 7. Appointments at WHMC will be primarily for active duty military personnel and trainees. Patients are encouraged to verify the status and location of any anticipated appointments in neurology following the clinic's move by using the new BAMC contact information.

MG Rubenstein receives award for excellence



MG David Rubenstein (right) receives the Distinguished Alumni Award during a ceremony Jan. 21 in Waco, Texas. (photo courtesy Baylor Alumni Association)

by Jan Dodd, Baylor Alumni Association - Maj. Gen. David Rubenstein, commanding general of the U.S. Army Medical Department Center and School and chief of the Army Medical Service Corps, received the Distinguished Alumni Award from the Baylor Alumni Association in a presentation on Friday, Jan. 21, in Waco. Former Texas governor Mark White, a 1962 Baylor graduate and 1965 law graduate, was emcee of the event.

The Distinguished Alumni Award, presented annually since 1965 as the highest honor the Baylor Alumni Association bestows, recognizes Baylor graduates whose records of service in their professions and vocations have merited the honor and acclaim of peers and colleagues.

Rubenstein, who earned a master's in health administration from the Baylor-Army program in 1989, has been called one of the hundred

most influential people in American health care. He spent more than two years as the U.S. Army's deputy surgeon general, as well as a three-year stint as chair of the American College of Healthcare Executives, an international professional society of more than thirty thousand health care executives.

In the summer of 2010, Rubenstein became commanding general of the Army Medical Department Center & School, which trains and educates 37,000 students a year. Most of his students will be combat medics. As chief of the Army Medical Service Corps, he is responsible for the "lifecycle management" of 4,600 active members of the medical corps, as well as for providing support to 4,500 reserve members.

During the alumni association's Hall of Fame awards event, eighteen other awards were presented to alumni and

friends of Baylor University. A full list is below. For more biographical information about the recipients, go to the current issue of the *Baylor Line*, the magazine of the Baylor Alumni Association at <http://www.baylorline.com/>.

JFK made last public speech at Brooks Air Force Base

by Rudy Purificato, 311th Air Base Group Historian -

An estimated 10,000 people witnessed history at Brooks AFB on November 21, 1963 when they heard President John F. Kennedy deliver one of his most famous speeches. It was on space exploration, and it would be his last public address. The crowd that gathered on the front lawn in front of Building 150 to hear JFK's address had no way of knowing that, less than 24 hours later, President Kennedy would be killed by assassin Lee Harvey Oswald in Dallas. The most eventful day in the base's history, however, was graced by sunshine and the hope of a generation of Americans who placed their faith and trust in the young President as he stood behind a wooden lectern specially built for him by craftsmen from the U.S. Air Force School of Aerospace Medicine. Today, that lectern remains on display in the lobby of Building 150, only a few hundred feet from where JFK inspired a rapt audience with his "Cap Over The Wall" speech, most of which was written by future Air Force Surgeon General George Schafer, then AMD's Deputy Chief of Staff for Operations.

JFK's Brooks AFB visit was made to dedicate the new Aerospace Medical Division (AMD) headquarters, a complex of several buildings in the area at Brooks AFB known as "The Hill Complex," today a State of Texas-designated historic district. AMD had become by 1963 the Air Force center for space medicine research as well as the Air Force leader in aerospace medicine education, training and research and development. NASA, created in 1958, relied heavily upon the expertise of AMD scientists, engineers and technicians to provide data, equipment and personnel that supported the manned space flight program. AMD helped NASA immeasurably through the development of early pressure suits for astronauts, space food research, space cabin environmental experiments and a host of test and monitoring equipment for assessing physiological conditions of space crews.

JFK recognized in his speech the pioneering contributions to America's fledgling space program made by Air Force scientists and engineers. He also paid tribute to the early aviation pioneers

who were stationed at Brooks Field that included Charles Lindbergh and Claire Chennault. After the speech, JFK and his wife Jacqueline, accompanied by Vice President Lyndon Johnson, toured some of Brooks AFB's research facilities. JFK stopped by to see several Lackland AFB airmen, who had volunteered to be sequestered in a research chamber for several weeks. These chamber experiments involved a variety of studies that focused on physiological and psychological stresses associated with manned space flight.

President Kennedy's visit to Brooks validated the important work that Air Force researchers and scientists were accomplishing on San Antonio's south side that benefited America's space program. JFK's tragic death cast a dark cloud over the nation for months. His death did not, however, curtail important scientific work at Brooks AFB that supported JFK's dream of putting a man on the moon by the end of the 1960s. The Air Force scientific team at Brooks worked diligently to fulfill JFK's vision.

(continued pg. 7)

BROOKS CITY-BASE HISTORY



It is widely believed the lectern used during JFK's speech is haunted! It is currently on loan to the 311th Air Base Group at Brooks City-Base. (photos courtesy 311th Air Base Group history office)



JFK made last public speech at Brooks Air Force Base

(continued from pg. 6)

One of the many Air Force scientists who contributed to President Kennedy's lunar dream still works at Brooks today. At 89, Dr. Thomas Tredici is a true legend, having literally taken to heart JFK's vision by contributing to the development of the gold-reflecting helmet visors worn by Apollo 11's Neil Armstrong and Buzz Aldrin, the first two men to walk on the lunar surface. The visors protected the lunar explorers' vision.

Dr. Tredici recalled, "The astronauts had many visual actions to take in the LEM (lunar module) before leaving the moon for their rendezvous with the command module. If they had suffered corneal damage from ultraviolet light they could have missed their rendezvous in space." Tredici explained that highly intense unfiltered levels of UV light outside Earth's atmosphere causes eye damage within three seconds. "It's pretty bright on the moon. The abiotic effects (death to epithelial cells) in the cornea is a

type of sunburn to the eyes," Tredici said. Eye damage on the moon would have led to a life-and-death struggle for the Apollo 11 crew whose temporary 'lunar blindness' could have doomed their mission.

In a strange twist of history that borders on the paranormal, the Kennedy lectern used during the Brooks speech became one of the most unique artifacts in the Air Force's historical property inventory. Its uniqueness is partly linked to a persistent belief that it may be haunted. After JFK died in Dallas, his Brooks lectern was not used again publicly by anyone until astronaut Edward White's Brooks speech three years later. White was feted at the base for being the first astronaut to walk in space during the Gemini IV mission. Knowing the historical significance of the Kennedy lectern, White stood behind it while holding a photograph depicting JFK using the lectern to deliver the 1963 Brooks speech. Less than a year after White used the Kennedy lectern to deliver a speech on space

exploration, he, too, died a tragic death. White was killed in the January 1967 Apollo 1 fire that also claimed the lives of astronauts Gus Grissom and Edward Chaffee. The Kennedy lectern was permanently retired after White's death and has not been used in any public address in over 40 years.

The lectern will be featured at Brooks for the last time during the 311th Air Base Group inactivation ceremony in August, just weeks before all Air Force missions must be moved from Brooks-City Base as required by BRAC. The lectern, owned by the National Museum of the Air Force at Wright-Patterson AFB in Dayton, Ohio and on loan to the 311th Air Base Group, will be moved to a new home – the Kennedy Presidential Library in Boston, Massachusetts, part of the National Archives and Records Administration (NARA).



BRAC Transition Center at Fort Sam Houston



General Information Sessions

Group Intakes

Resume Building

Job Leads

Job Search

Assessments

Career Planning

Short Term GED

Employment Service

Case Management

Support Services

Increased Occupational Skills

Formal Training Based Upon Qualifications and Funding

SPOUSES AND FAMILY MEMBERS (Age 18+ with valid military/civilian ID) of civilian and military members who were affected by the **Base Realignment and Closure (BRAC) 2005** decision and were required to leave a job, may require assistance beyond that available through the DoD Family Readiness Centers. For services under the BRAC grant, individuals may qualify as a dislocated worker with the following conditions:

- A. has been terminated or laid off; and
- B. is eligible for or has exhausted entitlement to Unemployment Insurance (UI), or has been employed for a duration sufficient to demonstrate attachment to the workforce but is not eligible for UI compensation; and,
- C. is unlikely to return to previous industry or occupation.

Services are also available for DoD Civilian Employees and any member of the Armed Forces!

Workforce Solutions Alamo

BRAC Transition Center at Fort Sam Houston

8:00 a.m. to 5:00 p.m. (Monday- Friday)

Office Contact: Heddy Henderson

hedwig.henderson@twc.state.tx.us

1422 E. Grayson Street, 5th Floor

San Antonio, Texas 78208

210.277.2722

www.SAWorksForYou.com

Workforce Solutions Alamo is an equal employer opportunity/program

BRAC "VIEWS FROM THE TOP"

The San Antonio Joint Program Office (SAJPO) features BRAC "Views From the Top." Each month, we highlight a key BRAC leader in San Antonio and bring you their comments.

In this edition, we feature Mike Feeley, Chief of Personnel and past BRAC Program Manager at the U.S. Army Institute of Surgical Research (USAISR) at Fort Sam Houston, San Antonio, Texas.

Q1. What is your role in the San Antonio BRAC process?

I was the BRAC Program Manager at the US Army Institute of Surgical Research (USAISR). In that role, I represented the incoming units to the Battlefield Health and Trauma Research Institute (BHT). My duties included working with the Corps of Engineers, the Joint Medical Facilities Office, the architects and the builder. It involved resolving issues associated with the construction and design of the building, as well as the initial outfitting. It was all about making sure the building would meet the mission requirements of the incoming units.

Q2. The Battlefield Health and Trauma Research Institute (BHT) is the first major BRAC project to be completed so far. Can you describe the BHT mission in San Antonio and how it will impact military medicine in the future?

The units in the BHT have the mission of conducting combat casualty care research for the Department of Defense. This involves care from point of injury on the battlefield through rehabilitation. Units are working on everything from blood replacement to regenerative medicine. Co-locating all researchers in one location, right next to the only level one trauma center in the Department of Defense will permit researchers to work with clinicians to identify medical issues and then partner

together to advance treatment.

Q3. BHT construction involved elaborate laboratories among several other important facilities within the building. How did the design process happen? Did it take into account opinions from researchers?

The BHT was an integrated design, bid, build (IDBB) project. This meant that construction actually started before the building design was completed. In fact, the Corps of Engineers awarded the construction contract to Gilbane Building Company when the facility design was only about 20% complete. The IDBB was necessary in order to complete the project before the mandated BRAC deadline of September 15, 2011. Consequently, the Corps of Engineers, the architects, the engineers and the units had to partner closely to keep the project moving. With units located in Bethesda, MD, Chicago, IL and here in San Antonio, this was no small task. On top of that, all three Services were involved. Fortunately, we had a team that pulled together, listened to one another and had one common goal - build the best possible facility to permit the research mission to flourish.

Q4. What were some of the challenges getting BHT completed on time and getting it ready for people to move in and begin work?

The most challenging part was the commissioning phase.

The BHT is a Biological Science Level 2 (BSL2) facility; which means the research involves biological material. Being a BSL2 facility made this a very complex project, requiring that pressure, light and temperature requirements meet strict criteria. Getting everything to balance was a very time consuming and tedious task. Another problem was coordinating construction issues in such a way as to minimize the disruption to ongoing research. The BHT is actually two buildings. One is the building that has housed the USAISR since 1996, which we call BHT1 and the other is the newly constructed 150,000 square foot building that we call BHT2. These two buildings are connected at the basement and 1st floor levels and when construction got close to BHT1, it definitely impacted the researchers of the USAISR. In addition, as part of the project, a large part of the basement of BHT1 was renovated causing a significant impact on USAISR research. Fortunately, the Corps of Engineers and Gilbane Building Company were sensitive to the importance of the research and went to great lengths to minimize any disruption.

Q5. What are some of the important research projects underway at BHT and what are some examples of discoveries made and used in the battlefield directly resulting from research conducted at BHT?

a) Stopping blood loss. Researchers are working on ways to stop bleeding from truncal injuries. A tourniquet can be placed on the extremities, but what if the entire arm has been severed - how do you stop the bleeding? Research using clotting agents and pressure mechanisms are being explored. b) Regenerative medicine - Researchers are working with an FDA product known as extracellular matrix, testing if they can grow muscle in patients who have sustained massive muscle (tissue) loss. c) Pain management - researchers are using virtual reality to see if pain and the need for pharmaceuticals can be reduced though the use of virtual reality. This is particularly important because the side effects of some drugs can impair recovery and cause addiction. d) Resuscitation - researchers are working on a system that will permit the integration of patient monitors in order to identify an impending problem. Ideally, the system will permit physicians to identify problems before any symptoms manifest. This will permit clinicians to take steps to intercede before the patient has a true emergency.

Q6. BHT is located next to Brooke Army Medical Center (BAMC). How does the research at BHT impact BAMC's mission, and how do BHT and BAMC support each other?

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BRAC “VIEWS FROM THE TOP”

The San Antonio Joint Program Office (SAJPO) features BRAC “Views From the Top.” Each month, we highlight a key BRAC leader in San Antonio and bring you their comments.

Mike Feeley, Chief of Personnel and past BRAC Program Manager at the U.S. Army Institute of Surgical Research (USAISR) at Fort Sam Houston, San Antonio, Texas.

BAMC has been a tremendous supporter of the BHT. They provide maintenance, IT, and security support to the facility. They too were a partner in the design and construction of the BHT. More importantly, the USAISR is a research unit with a clinical mission and it is BAMC that makes that possible. They provide clinical oversight and all the support the burn center needs to remain a world class facility. In addition, BAMC is no longer just an Army hospital. It is a “biservice” facility with the Air Force. This jointness brings expertise of both Services to bear on clinical issues and from the research perspective, the BHT – SAMMC partnership will enhance the DoD’s ability to translate benchtop advances to the bedside.

Q7. How does military jointness play a role at BHT? Are people from all Services working there?

The BHT is truly a tri-Service facility. Army, Navy and Air Force researchers are sharing ideas and resources. It is not, however, a joint facility; each Service maintains control over their personnel. Fortunately, however, the degree of cooperation between all the Services has been phenomenal. From the outset, everyone, regardless of Service component has pulled together and things have gone seamlessly. Now that everyone is here and working, the Services are looking for ways to partner and share expertise. One area where partnership is already in play is in the area of regen-

erative medicine. Army and Navy researchers are working together on the immune response in trauma patients.

Q8. How did the BHT project play into San Antonio BRAC projects overall and why do you think San Antonio was chosen as the location?

San Antonio was clearly the best location for the BHT. There are many reasons for this:

1. The US Army Institute of Surgical Research Burn Center is the only burn center within the DoD. Approximately 5% of every casualty from Iraq and Afghanistan has sustained a burn injury. This represents a significant number and the researchers and clinicians at the USAISR have been world leaders in advancing burn care.
2. BAMC is the only level one trauma center in the DoD. Consequently, many casualties from Iraq and Afghanistan are brought to San Antonio for definitive care and rehabilitation. In addition, many trauma patients who sustain injury in the south Texas area are treated at BAMC. These trauma patients can sustain the same types of injuries seen in combat. This permits researchers the opportunity to work with patients and clinicians on possible solutions to trauma injuries.
3. The Joint Theater Trauma System is an element of the USAISR. The JTTS tracks all trauma patients admitted to hospitals in Iraq and Afghanistan. This allows researchers to identify the types of injuries being sustained and the prob-

lems associated with providing their care. Ultimately, this permits researchers to identify and then focus their efforts on the most pressing combat injuries. The research process involves identifying a particular problem and this can be done here in San Antonio because researchers have access to the JTTS and BAMC. The next step is to identify possible solutions and who better to discuss that with than clinicians and patients. Research then proceeds to bench and animal work and the BHT was designed for both. Finally, once a treatment has been clearly researched it can be translated into patient care right here in San Antonio. Finally, everyday on the BAMC campus you see wounded warriors. Everyone of them is an inspiration. They put a face on the importance of combat casualty care research and motivate all to advance the treatment options available.

Mike Feeley is USAISR’s Chief of Personnel, and also served as the USAISR’s Public Affairs Officer and Base Realignment and Closure Program Manager for the Battlefield Health and Trauma Research Institute.

A retired U.S. Army Medical Service Corps officer, he holds a B.S. in education from Niagara University and an M.A. in management from Webster University.

Last Month in BRAC News

BRAC NEWS STORIES POSTED ON THE SAJPO PORTAL

1/31/2011 Port San Antonio taps Portland consultant for CFO
 1/31/2011 New chairman named for Brooks Development Authority
 1/30/2011 Brooks sees its last class to graduate
 1/27/2011 Educational improvement demands holistic approach
 1/26/2011 Office market to improve in 2011
 1/26/2011 "Home away from home" for wounded warriors
 1/23/2011 Army gets a bargain to protect warblers and its mission
 1/21/2011 New deals paving the way for Brooks City-Base's transition
 1/21/2011 Animal services facility at Brooks City-Base in transition
 1/20/2011 Ekahau, Conexis to supply RTLS to Brooke Army Medical Center
 1/18/2011 Holman lauded for work overseeing BRAC construction
 1/17/2011 Missing Sen. Hutchison already
 1/17/2011 Less money for Air Force construction in 2011
 1/17/2011 Aviation: Flying higher
 1/10/2011 Employment picture better in December
 1/7/2011 Real estate recovery in San Antonio heavily tied to BRAC
 1/7/2011 The impact of Pentagon budget cuts could have on San Antonio
 1/6/2011 Service demographics offer snapshot of force
 1/5/2011 Fort Meade job growth starts
 1/4/2011 Transformation marks last year and this year at Fort Lee
 1/4/2011 New burn center will add much-needed capacity
 1/4/2011 Wolff, Elizondo and Adkisson begin new terms
 1/4/2011 Realtors expect a good, but not great, 2011
 1/3/2011 Fort Sam streets taking history as their guide

Upcoming Events

Event	POC	Date
Association of Defense Communities Winter Forum	Mark Frye	2/14 - 2/16
Military Transformation Task Force Meeting	James Henderson	2/18/2011
Executive Integration Oversight Board - Medical	Ron Rogers	2/24/2011
SAJPO Communications Team Meeting	Ron Rogers	3/15/2011

SAJPO Communications Team

Page 12

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